

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000002631**1. Entity Name
HIBISCUS, LLC

| Principal Place of Business | Mailing Address |
|--|--|
| 6515 GRAND TETON PLAZA, STE. 300 MADISON WI 53719 | 6515 GRAND TETON PLAZA, STE. 300 MADISON WI 53719 |

| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

DO NOT WRITE IN THIS SPACE

| Zip | Country | Zip | Country |
|-----|---------|-----|---------|
| | | | |

| 4. FEI Number | Applied For |
|---------------|---|
| 39-1980849 | <input type="checkbox"/> Not Applicable |

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required**6. Name and Address of Current Registered Agent**JOTCH DWAYNE F
STROSS LAW FIRM, P.A.
33920 US HWY. 19 NORTH, STE. 351
PALM HARBOR FL 34684 US**7. Name and Address of New Registered Agent**

| Name |
|--|
| Street Address (P.O. Box Number is Not Acceptable) |
| City FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **DWAYNE F. JOTCH****03/05/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|---|--|
| MGRM HUSMAN DAVID LMEMBER 1200 N. ASHLAND AVE., SUITE 522 CHICAGO IL 60622 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| MGRM PLESKO ERWIN JMEMBER 6515 GRAND TETON PLAZA, SUITE 300 MADISON WI 53719 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Erwin J. Plesko

MGRM 03/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)